

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Supportive Living

DSL-855 (Rev. 01/2002)

HSRS MENTAL HEALTH MODULE

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of
the State / County contract specified under the
Wisconsin Statutes. S. 46.031(2)(c)(2)

REGISTRATION - Screen M1 - New, Update, Error Correct or Inquiry

Episode Key		1 Worker ID			2 Client ID		
3a Last Name		3b First Name		3c MI	3d Suffix	4 Birthdate (mm/dd/yyyy)	5 Sex F M
6a Hispanic Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White		7 Client Characteristics		8 MA Number		

MENTAL HEALTH INFORMATION

9a Commitment Status	9b Commitment Status Review Date	10 BRC Target Population	11 Presenting Problem (client perspective)	12 Diagnostic Impression Primary Axis III		13 County of Residence	14 Episode Closing Date
15 Social Support	16a No. of Children	16b No. Living With Client	17 Veteran Status Yes / No	18 Referral Source	19 Case Review Date	20 Family ID	21 Local Data

SERVICES - Screen M2 - New, Update, Error Correct or Inquiry

Prog. No. (U)	22 SPC/Subprogram	23 SPC Start Date	24 Provider Number	Units 25 Days 26 Other		27 SPC End Date	28 SPC End Reason	29 Delivery Date mm yyyy	30 SPC Review Date mm yyyy

CONSUMER STATUS - Screen M4 Required when BRC Target Population in Field 10 is Coded H or L.

31 BRC Target Population Update	32 Psychosocial and Environmental Stressors		33 Global Assessment of Functioning		34 Health Status	35 Health Care Appointment Health Vision Dental		36 Suicide Risk
37 Residential Arrangement	38 Daily Activity	39 Employment	40 Employment Level	41 Commitment Status Update		42 Criminal Justice System		43 Financial Supports

OPTIONAL DATA - Screen 18 (Module Key:

Street Address	City	State	ZIP Code	County	Telephone ()
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Shaded areas are optional.